## **Army National Guard Data Sheet Clinical Pastoral Education**

Type responses, scan and email completed information to **ARNG Chaplains Office: ron.martinminnich@us.army.mil** 

12 month residency (4 Units of CPE)  Intensive (11-12 Weeks) (1 Unit of CPE)  Extended Unit (24-26 Weeks) (1 Unit of CPE)  Preferred program/site:  Earliest date you can begin:  Directory Information  Name:  U.S. Citizen: Yes No (circle one)  Mailing address:  City: State:  Country & ZIP:  Email:  Day Tel.:  Alt Tel.:  Permanent address:  City: State:  ZIP: State:  ZIP: Country:  Alt Email:  Denomination/Faith Group Affiliation:	Applying for:	
Extended Unit (24-26 Weeks) (1 Unit of CPE)  Preferred program/site:  Earliest date you can begin:  Directory Information  Name:  U.S. Citizen: Yes No (circle one)  Mailing address:  City: State:  Country & ZIP:  Email:  Day Tel.:  Alt Tel.:  Fax:  Permanent address:  City: State:  ZIP: Country:  Alt Email:	12 month residency (4 Units of CPE)	
Preferred program/site:  Earliest date you can begin:  Directory Information  Name:  U.S. Citizen: Yes No (circle one)  Mailing address:  City: State:  Country & ZIP:  Email:  Day Tel.:  Alt Tel.:  Fax:  Permanent address:  City: State:  ZIP: Country:  Alt Email:	Intensive (11-12 Weeks) (1 Unit of CPE)	
Earliest date you can begin:  Directory Information Name:  U.S. Citizen: Yes No (circle one)  Mailing address:	Extended Unit (24-26 Weeks) (1 Unit of CPE)_	
Directory Information Name:  U.S. Citizen: Yes No (circle one)  Mailing address:  City:  Country & ZIP:  Email:  Day Tel.:  Alt Tel.:  Fax:  Permanent address:  City:  State:  ZIP:  Country:  Alt Email:	Preferred program/site:	
Name:  U.S. Citizen: Yes No (circle one)  Mailing address:	Earliest date you can begin:	
Mailing address:		
City:		
Country & ZIP:	City:	State:
Email:	Country & ZIP:	state.
Day Tel.:	Email:	
Alt Tel.:	Day Tel.:	
Permanent address:State:State: ZIP:Country:Alt Email:	Alt Tel.:	
Permanent address:State:State:  City: State:  ZIP: Country:  Alt Email:	Fax:	
City: State: ZIP: Country: Alt Email:	Permanent address:	
Alt Email:	City:	_ State:
	ZIP: Country:	
Denomination/Faith Group Affiliation:	Alt Email:	
	Denomination/Faith Group Affiliation:	

Prior CPE Dates and Co	enter Supervisor	:		
Are you deploying?	Yes No (circle	e one)		
Latest Deployment	dates and loca	tion?		
Supervisory Chapla one) Signature of Superv (Name/Title):				
Phone:				
Address:				
City: ZIP:		Stat	ce:	
I understand that m qualify as an equiva monthly drills or Ar	ny participation lency or as an	n in a CPE p excuse for p	rogram does n erforming	
Split Unit Training A Unit Commander a	Assemblies (SI	JTAs)must		the
Signature of applica	ınt:			
 Date:				